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(Original Signature of Member)

111TH CONGRESS  
2D SESSION

## H. RES. \_\_\_\_\_

Raising awareness of hypertension and helping to reverse its prevalence in the United States through education, community programs, culturally competent strategies, research, and efforts to reduce the excess salt content in foods.

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### IN THE HOUSE OF REPRESENTATIVES

Mr. HASTINGS of Florida submitted the following resolution; which was referred to the Committee on \_\_\_\_\_

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## RESOLUTION

Raising awareness of hypertension and helping to reverse its prevalence in the United States through education, community programs, culturally competent strategies, research, and efforts to reduce the excess salt content in foods.

Whereas hypertension, also known as high blood pressure, is a cardiovascular condition in which systolic blood pressure is consistently at or above 140 millimeters of mercury (mmHg) and diastolic blood pressure at or above 90 mmHg;

Whereas high blood pressure is a major risk factor for heart disease and stroke, the first and third leading causes of

death in the United States, as well as congestive heart failure and kidney disease;

Whereas approximately one out of three adults in the United States (74,500,000 people) has hypertension and one out of four is pre-hypertensive, which means that they have higher-than-normal blood pressure and are at increased risk for developing hypertension;

Whereas high blood pressure is directly and indirectly responsible for tens of thousands of deaths in the United States each year, and its prevalence is expected to grow due to a large aging population and high rates of obesity and diabetes;

Whereas despite the fact that hypertension is the most commonly diagnosed chronic condition in the United States, more than one out of five individuals is unaware that they have high blood pressure;

Whereas high blood pressure is known as the “silent killer” because there are often no signs or symptoms that indicate that an individual’s blood pressure has reached a deadly level;

Whereas misconceptions about hypertension risks, causes, and treatments, as well as poor communication between health care providers and patients and inadequate access to primary care, have contributed to large numbers of undiagnosed and unmanaged high blood pressure;

Whereas although hypertension is a national problem, hypertension is especially prevalent in the Southeast, which also has high rates of poverty, obesity, diabetes, and cardiovascular and kidney disease;

Whereas African-Americans have the highest prevalence of hypertension in the United States and are more likely to

develop hypertension at earlier ages, develop cardiovascular morbidity and disability, and die from hypertension or hypertension-related illnesses;

Whereas higher occurrences of salt sensitivity, cardiovascular and renal disease, poverty, genetic predisposition, and social, cultural, and environmental factors all contribute to disproportionately high rates of hypertension among African-Americans;

Whereas this racial disparity is further pronounced by gender, with approximately 44 percent of African-American women in the United States having high blood pressure compared to approximately 30 percent of women in the United States as a whole;

Whereas furthermore, women with high blood pressure are more likely to experience certain complications during pregnancy, including kidney and other organ damage, low birth weight, early delivery, stillbirth, and maternal mortality;

Whereas although hypertension is lower among Hispanics than other groups, Hispanics often have low levels of hypertension awareness, treatment, and control, which can increase the likelihood of hypertension-related mortalities;

Whereas high blood pressure often accompanies conditions that are associated with aging, however, it is increasingly more common among younger people due to high rates of child obesity, salt consumption, inactivity, and heredity;

Whereas despite these trends, advances in medical science, research, and technology have made hypertension a manageable condition that can be prevented, delayed, or reversed;

Whereas weight management, healthy eating habits, exercise, decreased salt, caloric, and cholesterol intake, the proper combination of antihypertensive medication, and being knowledgeable of blood pressure levels are all proven ways to prevent and manage hypertension;

Whereas in particular, a diet high in sodium (salt) increases one's risk for developing high blood pressure and the average person in the United States consumes almost 1.5 times the daily maximum value of salt established by the Department of Health and Human Services;

Whereas many consumers do not know how to read food labels, which makes it difficult to understand which foods have unhealthy or dangerous levels of sodium and to make informed decisions;

Whereas low-income individuals and families, and those living in food deserts, frequently have limited options and are forced to choose foods that have high salt content and low nutritional value;

Whereas a study by the American Medical Association concluded that 150,000 lives could be saved in the United States each year if the sodium content in processed foods and restaurant foods, which account for approximately 77 percent of the salt intake for people in the Nation, were decreased by 50 percent; and

Whereas health care providers, patients, communities, governmental entities, the food industry, and health-focused organizations must work together to increase awareness of hypertension and to develop sustainable solutions for hypertension prevention, treatment, and control: Now, therefore, be it

1        *Resolved*, That the House of Representatives—

1           (1) encourages individuals to be proactive about  
2           their health and to become knowledgeable of their  
3           blood pressure as well as their risk for hypertension;

4           (2) supports community-based programs that  
5           use culturally competent and evidence-based strate-  
6           gies to address hypertension;

7           (3) recognizes the importance of linking hyper-  
8           tension awareness programs to other existing pro-  
9           grams that address health concerns such as diabetes  
10          and obesity at the community health and develop-  
11          ment levels;

12          (4) supports further research that provides a  
13          better understanding of how hypertension affects  
14          communities that have been historically underrep-  
15          resented in demographic studies and clinical trials  
16          for antihypertensive drugs, as well as solutions to  
17          addressing these issues; and

18          (5) calls for the Food and Drug Administration  
19          to set mandatory national standards, including im-  
20          proved nutrition labeling, for the sodium content in  
21          foods, especially those sold in grocery stores and  
22          served in schools and restaurants.